



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Thimmappa SHIVANANDAPPA et al.

Appl. No.: 10/603,658

Confirmation No. 4020

Filed: June 26, 2003

For: COMPOUND AS
CHOLINESTERASE INHIBITOR
AND ITS ISOLATION FROM
FUNGUS SPOROTRICHUM
SPECIES

Art Unit: 1636

Examiner: Unassigned

Atty. Docket No.: 39562-189637

Customer No.

26694

PATENT TRADEMARK OFFICE

TRANSMITTAL OF SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Attached is a supplemental application data sheet. This is submitted the correct the first
inventor's name to read Thimmappa SHIVANANDAPPA.

Respectfully submitted,

Date: 10/9/03

C. S. Hobbs

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SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number:: Divisional of Appln. No. 10/107,806
Filing Date:: June 26, 2003
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 1625
CD-ROM or CD-R?::
Number of CD Disks::
Number of Copies of CDs::
Sequence Submission?::
Computer Readable Form (CFR)?::
Number of Copies of CFR::
Title:: A COMPOUND AS CHOLINESTERASE INHIBITOR
AND ITS ISOLATION FROM FUNGUS
SPOROTRICHUM SPECIES
Attorney Docket Number:: 39562-189637
Request for Early Publication?::
Request for Non-Publication?::
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?::
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl::

Applicant Information

Applicant Authority Typ :: Inventor
Primary Citizenship:: India
Country:: INDIA
Status:: Full Capacity
Given Name:: Thimmappa
Middle Name::
Family Name:: SHIVANANDAPPA
Name Suffix::
City of Residence:: Karnataka
State or Province of Residence::
Country of Residence:: INDIA
Street of Mailing Address:: Mysore 570 013
City of Mailing Address:: Karnataka
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor
Primary Citizenship:: India
Country:: INDIA
Status:: Full Capacity
Given Name:: Avinash
Middle Name:: Prahalad
Family Name:: SATTUR
Name Suffix::
City of Residence::
State or Province of R sid nce::
Country of Residenc :: INDIA
Stre t of Mailing Addr ss:: Mysore 570 013

City of Mailing Address::

State or Province of Mailing

Address::

Country of Mailing Address:: INDIA

Postal or Zip Code of Mailing

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: India

Country:: INDIA

Status:: Full Capacity

Given Name:: Shereen

Middle Name::

Family Name:: Shereen

Name Suffix::

City of Residence:: Karnataka

State or Province of Residence::

Country of Residence:: INDIA

Street of Mailing Address:: Mysore 570 013

City of Mailing Address::

State or Province of Mailing

Address::

Country of Mailing Address:: INDIA

Postal or Zip Code of Mailing

Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: India

Country:: INDIA

Status:: Full Capacity

Given Name:: Soundar

Middle Name::

Family Name:: DIVAKAR

Name Suffix::

City of Residence:: Karnataka

State or Province of Residence::

Country of Residence:: INDIA

Street of Mailing Address:: Mysore 570 013

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address:: INDIA

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship:: India

Country:: INDIA

Status:: Full Capacity

Given Name:: Nayakana

Middle Name:: Katte Ganesh

Family Name:: KARANTH

Name Suffix::

City of Residence:: Karnataka

State or Province of Residence::

Country of Residence:: INDIA

Street of Mailing Address:: Mysore 570 013

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address:: INDIA

Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 26694
Phone Number:: (202) 344-4800
Fax Number:: (202) 344-8300
E-Mail Address:: ashobbs@venable.com

Representative Information

Representative Customer Number:: 26694

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Divisional of	10/107,806	March 28, 2002
	Continuation of		
	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Council of Scientific and Industrial Research
Street of Mailing Address:: Rafi Marg
City of Mailing Address:: New Delhi 110 001
State or Province of Mailing Address::
Country of Mailing Address:: INDIA
Postal or Zip Code of Mailing Address::